

PRELIMINARY DRAFT

TEXAS LEGISLATIVE COUNCIL
Government Code
Chapter 548
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7 CHAPTER 548. HEALTH CARE SERVICES PROVIDED THROUGH TELE-CONNECTIVE
8 MEANS

9 SUBCHAPTER A. GENERAL PROVISIONS

10 Revised Law

11 Sec. 548.0001. DEFINITIONS. In this chapter:

12 (1) "Home telemonitoring service" means a health
13 service that requires scheduled remote monitoring of data related
14 to a patient's health and transmission of the data to a licensed
15 home and community support services agency or hospital, as those
16 terms are defined by Section 548.0251.

17 (2) "Platform" means the technology, system,
18 software, application, modality, or other method through which a
19 health professional remotely interfaces with a patient when
20 providing a health care service or procedure as a telemedicine
21 medical service, teledentistry dental service, or telehealth
22 service.

23 (3) "Teledentistry dental service," "telehealth
24 service," and "telemedicine medical service" have the meanings
25 assigned by Section 111.001, Occupations Code. (Gov. Code,
26 Secs. 531.001(4-a), (4-d), (6-a), (7), (8).)

27 Source Law

28 Sec. 531.001. DEFINITIONS. In this subtitle:

29 (4-a) "Home telemonitoring service" means
30 a health service that requires scheduled remote
31 monitoring of data related to a patient's health and
32 transmission of the data to a licensed home and
33 community support services agency or a hospital, as
34 those terms are defined by Section 531.02164(a).

35 (4-d) "Platform" means the technology,
36 system, software, application, modality, or other
37 method through which a health professional remotely
38 interfaces with a patient when providing a health care

1 service or procedure as a telemedicine medical
2 service, teledentistry dental service, or telehealth
3 service.

4 (6-a) "Teledentistry dental service" has
5 the meaning assigned by Section 111.001, Occupations
6 Code.

7 (7) "Telehealth service" has the meaning
8 assigned by Section 111.001, Occupations Code.

9 (8) "Telemedicine medical service" has the
10 meaning assigned by Section 111.001, Occupations Code.

11 Revisor's Note

12 Section 531.001, Government Code, provides
13 definitions of "home telemonitoring service,"
14 "platform," "telehealth service," "teledentistry
15 dental service," and "telemedicine medical service"
16 that apply "[i]n this subtitle," meaning Subtitle I,
17 Title 4, Government Code. The definitions of
18 "platform," "telehealth service," "teledentistry
19 dental service," and "telemedicine medical service"
20 are revised to apply only to this chapter of the
21 revised law, rather than the entire subtitle, because
22 the terms are used only in provisions of Subtitle I
23 that are revised in this chapter. The term "home
24 telemonitoring service" is used only in Sections
25 531.0216 and 531.02164, Government Code, which are
26 revised as various sections of this chapter and
27 Section 533.039, Government Code, which is revised as
28 Section _____. To preserve the applicability of the
29 definition to Section 533.039, the definition is also
30 revised in that section.

31 Revised Law

32 Sec. 548.0002. PROVISION OF SERVICES THROUGH
33 TELECOMMUNICATIONS AND INFORMATION TECHNOLOGY UNDER MEDICAID AND
34 OTHER PUBLIC BENEFITS PROGRAMS. (a) In this section:

35 (1) "Behavioral health services" has the meaning
36 assigned by Section _____ [[[Section 533.00255]]].

37 (2) "Case management services" includes service
38 coordination, service management, and care coordination.

1 (b) To the extent permitted by federal law and to the extent
2 it is cost-effective and clinically effective, as the commission
3 determines, the commission shall ensure that Medicaid recipients,
4 child health plan program enrollees, and other individuals
5 receiving benefits under a public benefits program the commission
6 or a health and human services agency administers, regardless of
7 whether receiving benefits through a managed care delivery model or
8 another delivery model, have the option to receive services as
9 telemedicine medical services, telehealth services, or otherwise
10 using telecommunications or information technology, including the
11 following services:

- 12 (1) preventive health and wellness services;
- 13 (2) case management services, including targeted case
14 management services;
- 15 (3) subject to Subsection (c), behavioral health
16 services;
- 17 (4) occupational, physical, and speech therapy
18 services;
- 19 (5) nutritional counseling services; and
- 20 (6) assessment services, including nursing
21 assessments under the following Section 1915(c) waiver programs:
 - 22 (A) the community living assistance and support
23 services (CLASS) waiver program;
 - 24 (B) the deaf-blind with multiple disabilities
25 (DBMD) waiver program;
 - 26 (C) the home and community-based services (HCS)
27 waiver program; and
 - 28 (D) the Texas home living (TxHmL) waiver program.

29 (c) To the extent permitted by state and federal law and to
30 the extent it is cost-effective and clinically effective, as the
31 commission determines, the executive commissioner by rule shall
32 develop and implement a system that ensures behavioral health
33 services may be provided using an audio-only platform consistent
34 with Section 111.008, Occupations Code, to a Medicaid recipient, a

1 child health plan program enrollee, or another individual receiving
2 those services under another public benefits program the commission
3 or a health and human services agency administers.

4 (d) If the executive commissioner determines that providing
5 services other than behavioral health services is appropriate using
6 an audio-only platform under a public benefits program the
7 commission or a health and human services agency administers, in
8 accordance with applicable federal and state law, the executive
9 commissioner may by rule authorize the provision of those services
10 under the applicable program using the audio-only platform. In
11 determining whether the use of an audio-only platform in a program
12 is appropriate under this subsection, the executive commissioner
13 shall consider whether using the platform would be cost-effective
14 and clinically effective. (Gov. Code, Sec. 531.02161.)

15 Source Law

16 Sec. 531.02161. PROVISION OF SERVICES THROUGH
17 TELECOMMUNICATIONS AND INFORMATION TECHNOLOGY UNDER
18 MEDICAID AND OTHER PUBLIC BENEFITS PROGRAMS. (a) In
19 this section:

20 (1) "Behavioral health services" has the
21 meaning assigned by Section 533.00255.

22 (2) "Case management services" includes
23 service coordination, service management, and care
24 coordination.

25 (b) To the extent permitted by federal law and
26 to the extent it is cost-effective and clinically
27 effective, as determined by the commission, the
28 commission shall ensure that Medicaid recipients,
29 child health plan program enrollees, and other
30 individuals receiving benefits under a public benefits
31 program administered by the commission or a health and
32 human services agency, regardless of whether receiving
33 benefits through a managed care delivery model or
34 another delivery model, have the option to receive
35 services as telemedicine medical services, telehealth
36 services, or otherwise using telecommunications or
37 information technology, including the following
38 services:

39 (1) preventive health and wellness
40 services;

41 (2) case management services, including
42 targeted case management services;

43 (3) subject to Subsection (c), behavioral
44 health services;

45 (4) occupational, physical, and speech
46 therapy services;

47 (5) nutritional counseling services; and

48 (6) assessment services, including
49 nursing assessments under the following Section
50 1915(c) waiver programs:

51 (A) the community living assistance
52 and support services (CLASS) waiver program;

1 (B) the deaf-blind with multiple
2 disabilities (DBMD) waiver program;

3 (C) the home and community-based
4 services (HCS) waiver program; and

5 (D) the Texas home living (TxHmL)
6 waiver program.

7 (c) To the extent permitted by state and federal
8 law and to the extent it is cost-effective and
9 clinically effective, as determined by the commission,
10 the executive commissioner by rule shall develop and
11 implement a system that ensures behavioral health
12 services may be provided using an audio-only platform
13 consistent with Section 111.008, Occupations Code, to
14 a Medicaid recipient, a child health plan program
15 enrollee, or another individual receiving those
16 services under another public benefits program
17 administered by the commission or a health and human
18 services agency.

19 (d) If the executive commissioner determines
20 that providing services other than behavioral health
21 services is appropriate using an audio-only platform
22 under a public benefits program administered by the
23 commission or a health and human services agency, in
24 accordance with applicable federal and state law, the
25 executive commissioner may by rule authorize the
26 provision of those services under the applicable
27 program using the audio-only platform. In determining
28 whether the use of an audio-only platform in a program
29 is appropriate under this subsection, the executive
30 commissioner shall consider whether using the platform
31 would be cost-effective and clinically effective.

32 Revised Law

33 Sec. 548.0003. RULES AND PROCEDURES REGARDING REIMBURSING
34 CERTAIN TELEMEDICINE MEDICAL SERVICES. (a) In addition to the
35 authority granted by other law regarding telemedicine medical
36 services, the executive commissioner may review rules and
37 procedures applicable to reimbursement of a telemedicine medical
38 service provided through any government-funded health program
39 subject to the commission's oversight. The executive commissioner
40 may modify the rules and procedures as necessary to ensure that
41 reimbursement for a telemedicine medical service is provided:

42 (1) in a cost-effective manner; and

43 (2) only in circumstances in which providing the
44 service is clinically effective.

45 (b) This section does not affect the commission's authority
46 or duties under other law regarding reimbursing a telemedicine
47 medical service under Medicaid. (Gov. Code, Sec. 531.02174.)

48 Source Law

49 Sec. 531.02174. ADDITIONAL AUTHORITY REGARDING
50 TELEMEDICINE MEDICAL SERVICES. (a) In addition to the

1 authority granted by other law regarding telemedicine
2 medical services, the executive commissioner may
3 review rules and procedures applicable to
4 reimbursement of telemedicine medical services
5 provided through any government-funded health program
6 subject to the commission's oversight.

7 (b) The executive commissioner may modify rules
8 and procedures described by Subsection (a) as
9 necessary to ensure that reimbursement for
10 telemedicine medical services is provided in a
11 cost-effective manner and only in circumstances in
12 which the provision of those services is clinically
13 effective.

14 (c) This section does not affect the
15 commission's authority or duties under other law
16 regarding reimbursement of telemedicine medical
17 services under Medicaid.

18 SUBCHAPTER B. TELEMEDICINE MEDICAL, TELEDENTISTRY DENTAL,
19 TELEHEALTH, AND HOME TELEMONITORING SERVICES PROVIDED UNDER
20 MEDICAID IN GENERAL

21 Revised Law

22 Sec. 548.0051. MEDICAID REIMBURSEMENT SYSTEM FOR
23 TELEMEDICINE MEDICAL, TELEDENTISTRY DENTAL, AND TELEHEALTH
24 SERVICES. The executive commissioner by rule shall develop and
25 implement a system to reimburse Medicaid providers for telemedicine
26 medical services, teledentistry dental services, or telehealth
27 services performed. (Gov. Code, Sec. 531.0216(a).)

28 Source Law

29 Sec. 531.0216. PARTICIPATION AND REIMBURSEMENT
30 OF TELEMEDICINE MEDICAL SERVICE PROVIDERS,
31 TELEDENTISTRY DENTAL SERVICE PROVIDERS, AND
32 TELEHEALTH SERVICE PROVIDERS UNDER MEDICAID. (a) The
33 executive commissioner by rule shall develop and
34 implement a system to reimburse providers of services
35 under Medicaid for services performed using
36 telemedicine medical services, teledentistry dental
37 services, or telehealth services.

38 Revised Law

39 Sec. 548.0052. REIMBURSEMENT FOR TELEMEDICINE MEDICAL,
40 TELEDENTISTRY DENTAL, OR TELEHEALTH SERVICE BY MEDICAID MANAGED
41 CARE ORGANIZATION. (a) The commission shall ensure that a Medicaid
42 managed care organization does not:

43 (1) deny reimbursement for a covered health care
44 service or procedure delivered by a health care provider with whom
45 the organization contracts to a Medicaid recipient as a
46 telemedicine medical service, teledentistry dental service, or

1 telehealth service solely because the covered service or procedure
2 is not provided through an in-person consultation; or

3 (2) limit, deny, or reduce reimbursement for a covered
4 health care service or procedure delivered by a health care
5 provider with whom the organization contracts to a Medicaid
6 recipient as a telemedicine medical service, teledentistry dental
7 service, or telehealth service based on the provider's choice of
8 platform for providing the health care service or procedure.

9 (b) In complying with state and federal requirements to
10 provide access to medically necessary services under the Medicaid
11 managed care program, a Medicaid managed care organization
12 determining whether reimbursement for a telemedicine medical
13 service, teledentistry dental service, or telehealth service is
14 appropriate shall continue to consider other factors, including
15 whether:

- 16 (1) reimbursement is cost-effective; and
17 (2) providing the service is clinically effective.

18 (Gov. Code, Secs. 531.0216(g) (part), (j).)

19 Source Law

20 (g) The commission shall ensure that a Medicaid
21 managed care organization:

22 (1) does not deny reimbursement for a
23 covered health care service or procedure delivered by
24 a health care provider with whom the managed care
25 organization contracts to a Medicaid recipient as a
26 telemedicine medical service, a teledentistry dental
27 service, or a telehealth service solely because the
28 covered service or procedure is not provided through
29 an in-person consultation;

30 (2) does not limit, deny, or reduce
31 reimbursement for a covered health care service or
32 procedure delivered by a health care provider with
33 whom the managed care organization contracts to a
34 Medicaid recipient as a telemedicine medical service,
35 a teledentistry dental service, or a telehealth
36 service based on the health care provider's choice of
37 platform for providing the health care service or
38 procedure; and

39 . . .

40 (j) In complying with state and federal
41 requirements to provide access to medically necessary
42 services under the Medicaid managed care program, a
43 Medicaid managed care organization determining
44 whether reimbursement for a telemedicine medical
45 service, teledentistry dental service, or telehealth
46 service is appropriate shall continue to consider
47 other factors, including whether reimbursement is

1 cost-effective and whether the provision of the
2 service is clinically effective.

3 Revised Law

4 Sec. 548.0053. REIMBURSEMENT OF FEDERALLY QUALIFIED HEALTH
5 CENTERS FOR TELEMEDICINE MEDICAL, TELEDENTISTRY DENTAL, OR
6 TELEHEALTH SERVICE. (a) Subject to Subsection (b), the executive
7 commissioner by rule shall ensure that a rural health clinic as
8 defined by 42 U.S.C. Section 1396d(1)(1) and a federally qualified
9 health center as defined by 42 U.S.C. Section 1396d(1)(2)(B) may be
10 reimbursed for the originating site facility fee or the distant
11 site practitioner fee or both, as appropriate, for a covered
12 telemedicine medical service, teledentistry dental service, or
13 telehealth service delivered by a health care provider to a
14 Medicaid recipient.

15 (b) The commission is required to implement this section
16 only if the legislature appropriates money specifically for that
17 purpose. If the legislature does not appropriate money specifically
18 for that purpose, the commission may, but is not required to,
19 implement this section using other money available to the
20 commission for that purpose. (Gov. Code, Sec. 531.0216(i).)

21 Source Law

22 (i) The executive commissioner by rule shall
23 ensure that a rural health clinic as defined by 42
24 U.S.C. Section 1396d(1)(1) and a federally-qualified
25 health center as defined by 42 U.S.C. Section
26 1396d(1)(2)(B) may be reimbursed for the originating
27 site facility fee or the distant site practitioner fee
28 or both, as appropriate, for a covered telemedicine
29 medical service, teledentistry dental service, or
30 telehealth service delivered by a health care provider
31 to a Medicaid recipient. The commission is required to
32 implement this subsection only if the legislature
33 appropriates money specifically for that purpose. If
34 the legislature does not appropriate money
35 specifically for that purpose, the commission may, but
36 is not required to, implement this subsection using
37 other money available to the commission for that
38 purpose.

39 Revised Law

40 Sec. 548.0054. PROVIDER AND FACILITY PARTICIPATION. (a)
41 The commission shall encourage health care providers and health
42 care facilities to provide telemedicine medical services,
43 teledentistry dental services, and telehealth services in the

1 health care delivery system. The commission may not require that a
2 service be provided to a patient through telemedicine medical
3 services, teledentistry dental services, or telehealth services.

4 (b) The commission shall explore opportunities to increase
5 STAR Health program providers' use of telemedicine medical services
6 in medically underserved areas of this state. (Gov. Code, Secs.
7 531.0216(c), (c-1).)

8 Source Law

9 (c) The commission shall encourage health care
10 providers and health care facilities to provide
11 telemedicine medical services, teledentistry dental
12 services, and telehealth services in the health care
13 delivery system. The commission may not require that a
14 service be provided to a patient through telemedicine
15 medical services, teledentistry dental services, or
16 telehealth services.

17 (c-1) The commission shall explore
18 opportunities to increase STAR Health program
19 providers' use of telemedicine medical services in
20 medically underserved areas of this state.

21 Revised Law

22 Sec. 548.0055. PROMOTION AND SUPPORT OF MEDICAL HOME AND
23 CARE COORDINATION. (a) The commission shall ensure that a Medicaid
24 managed care organization ensures that using telemedicine medical
25 services, teledentistry dental services, or telehealth services
26 promotes and supports patient-centered medical homes by allowing a
27 Medicaid recipient to receive a telemedicine medical service,
28 teledentistry dental service, or telehealth service from a provider
29 other than the recipient's primary care physician or provider,
30 except as provided by Section 548.0202(b), only if:

31 (1) the service is provided in accordance with the law
32 and contract requirements applicable to providing the same health
33 care service in an in-person setting, including requirements
34 regarding care coordination; and

35 (2) subject to Subsection (b), the provider of the
36 service gives notice to the Medicaid recipient's primary care
37 physician or provider regarding the service, including a summary of
38 the service, exam findings, a list of prescribed or administered
39 medications, and patient instructions, for the purpose of sharing

1 medical information.

2 (b) A provider of a telemedicine medical service,
3 teledentistry dental service, or telehealth service is required to
4 provide notice under Subsection (a)(2) only if:

5 (1) the recipient has a primary care physician or
6 provider; and

7 (2) the recipient or, if appropriate, the recipient's
8 parent or legal guardian, consents to the notice.

9 (c) The commission shall develop, document, and implement a
10 monitoring process to ensure that a Medicaid managed care
11 organization ensures that using telemedicine medical services,
12 teledentistry dental services, or telehealth services promotes and
13 supports patient-centered medical homes and care coordination in
14 accordance with Subsection (a). The process must include
15 monitoring of the rate at which a telemedicine medical service,
16 teledentistry dental service, or telehealth service provider gives
17 notice in accordance with Subsection (a)(2). (Gov. Code, Secs.
18 531.0216(g) (part), (h).)

19 Source Law

20 (g) The commission shall ensure that a Medicaid
21 managed care organization:

22 . . .
23 (3) ensures that the use of telemedicine
24 medical services, teledentistry dental services, or
25 telehealth services promotes and supports
26 patient-centered medical homes by allowing a Medicaid
27 recipient to receive a telemedicine medical service,
28 teledentistry dental service, or telehealth service
29 from a provider other than the recipient's primary care
30 physician or provider, except as provided by Section
31 531.0217(c-4), only if:

32 (A) the telemedicine medical
33 service, teledentistry dental service, or telehealth
34 service is provided in accordance with the law and
35 contract requirements applicable to the provision of
36 the same health care service in an in-person setting,
37 including requirements regarding care coordination;
38 and

39 (B) the provider of the telemedicine
40 medical service, teledentistry dental service, or
41 telehealth service gives notice to the Medicaid
42 recipient's primary care physician or provider
43 regarding the service, including a summary of the
44 service, exam findings, a list of prescribed or
45 administered medications, and patient instructions,
46 for the purpose of sharing medical information,
47 provided that the recipient has a primary care
48 physician or provider and the recipient or, if

1 appropriate, the recipient's parent or legal guardian,
2 consents to the notice.

3 (h) The commission shall develop, document, and
4 implement a monitoring process to ensure that a
5 Medicaid managed care organization ensures that the
6 use of telemedicine medical services, teledentistry
7 dental services, or telehealth services promotes and
8 supports patient-centered medical homes and care
9 coordination in accordance with Subsection (g)(3).
10 The process must include monitoring of the rate at
11 which a telemedicine medical service, teledentistry
12 dental service, or telehealth service provider gives
13 notice in accordance with Subsection (g)(3)(B).

14 Revised Law

15 Sec. 548.0056. BIENNIAL REPORT. Not later than December 1
16 of each even-numbered year, the commission shall report to the
17 speaker of the house of representatives and the lieutenant governor
18 on the effects of telemedicine medical services, teledentistry
19 dental services, telehealth services, and home telemonitoring
20 services on Medicaid in this state, including:

21 (1) the number of physicians, dentists, health
22 professionals, and licensed health care facilities using the
23 services;

24 (2) the geographic and demographic disposition of the
25 physicians, dentists, and health professionals;

26 (3) the number of patients receiving the services;

27 (4) the types of services being provided;

28 (5) the utilization cost; and

29 (6) the cost savings to Medicaid from using the
30 services. (Gov. Code, Sec. 531.0216(f).)

31 Source Law

32 (f) Not later than December 1 of each
33 even-numbered year, the commission shall report to the
34 speaker of the house of representatives and the
35 lieutenant governor on the effects of telemedicine
36 medical services, teledentistry dental services,
37 telehealth services, and home telemonitoring services
38 on Medicaid in the state, including the number of
39 physicians, dentists, health professionals, and
40 licensed health care facilities using telemedicine
41 medical services, teledentistry dental services,
42 telehealth services, or home telemonitoring services,
43 the geographic and demographic disposition of the
44 physicians, dentists, and health professionals, the
45 number of patients receiving telemedicine medical
46 services, teledentistry dental services, telehealth
47 services, and home telemonitoring services, the types
48 of services being provided, the cost of utilization,
49 and the cost savings of telemedicine medical services,

1 teledentistry dental services, telehealth services,
2 and home telemonitoring services to Medicaid.

3 Revised Law

4 Sec. 548.0057. RULES. Subject to Sections 111.004 and
5 153.004, Occupations Code, the executive commissioner may adopt
6 rules as necessary to implement this subchapter. In the rules
7 adopted under this subchapter, the executive commissioner shall
8 refer to:

9 (1) the site where the patient is physically located
10 as the patient site; and

11 (2) the site where the physician, dentist, or health
12 professional providing the telemedicine medical service,
13 teledentistry dental service, or telehealth service is physically
14 located as the distant site. (Gov. Code, Sec. 531.0216(d).)

15 Source Law

16 (d) Subject to Sections 111.004 and 153.004,
17 Occupations Code, the executive commissioner may adopt
18 rules as necessary to implement this section. In the
19 rules adopted under this section, the executive
20 commissioner shall:

21 (1) refer to the site where the patient is
22 physically located as the patient site; and

23 (2) refer to the site where the physician,
24 dentist, or health professional providing the
25 telemedicine medical service, teledentistry dental
26 service, or telehealth service is physically located
27 as the distant site.

28 SUBCHAPTER C. PROVISION OF AND REIMBURSEMENT FOR TELEMEDICINE

29 MEDICAL AND TELEHEALTH SERVICES IN GENERAL

30 Revised Law

31 Sec. 548.0101. DEFINITIONS. In this subchapter:

32 (1) "Health professional" means:

33 (A) a physician;

34 (B) an individual who is:

35 (i) licensed or certified in this state to
36 perform health care services; and

37 (ii) authorized to assist a physician in
38 providing telemedicine medical services that are delegated and
39 supervised by the physician; or

40 (C) a licensed or certified health professional

1 acting within the scope of the license or certification who does not
2 perform a telemedicine medical service.

3 (2) "Physician" means an individual licensed to
4 practice medicine in this state under Subtitle B, Title 3,
5 Occupations Code. (Gov. Code, Sec. 531.0217(a).)

6 Source Law

7 Sec. 531.0217. REIMBURSEMENT FOR CERTAIN
8 MEDICAL CONSULTATIONS. (a) In this section:

9 (1) "Health professional" means:

10 (A) a physician;

11 (B) an individual who is:

12 (i) licensed or certified in
13 this state to perform health care services; and

14 (ii) authorized to assist a
15 physician in providing telemedicine medical services
16 that are delegated and supervised by the physician; or

17 (C) a licensed or certified health
18 professional acting within the scope of the license or
19 certification who does not perform a telemedicine
20 medical service.

21 (2) "Physician" means a person licensed to
22 practice medicine in this state under Subtitle B,
23 Title 3, Occupations Code.

24 Revisor's Note

25 (1) Section 531.0217(a), Government Code,
26 refers to definitions applicable "[i]n this section."
27 The provisions of Section 531.0217 are revised in this
28 chapter as Subchapter C and Section 548.0202.
29 Accordingly, in this subchapter the revised law
30 substitutes "this subchapter" for "this section."

31 (2) Section 531.0217(a)(2), Government Code,
32 defines a physician as a "person" licensed to practice
33 medicine in this state. Throughout this chapter, the
34 revised law substitutes "individuals" or "individual"
35 for "people" or "person," respectively, for clarity
36 and consistency where the context makes clear that the
37 referenced person is an individual and not an entity
38 described by the definition of "person" provided by
39 Section 311.005, Government Code (Code Construction
40 Act), applicable to this code.

41 Revised Law

42 Sec. 548.0102. MEDICAID REIMBURSEMENT REQUIREMENTS:

1 TELEMEDICINE MEDICAL SERVICES. (a) The executive commissioner by
2 rule shall require each health and human services agency that
3 administers a part of Medicaid to provide Medicaid reimbursement
4 for a telemedicine medical service initiated or provided by a
5 physician.

6 (b) The commission shall ensure that reimbursement is
7 provided only for a telemedicine medical service a physician
8 initiates or provides.

9 (c) The commission shall require reimbursement for a
10 telemedicine medical service at the same rate Medicaid reimburses
11 for the same in-person medical service. (Gov. Code, Secs.
12 531.0217(b), (c), (d) (part).)

13 Source Law

14 (b) The executive commissioner by rule shall
15 require each health and human services agency that
16 administers a part of Medicaid to provide Medicaid
17 reimbursement for a telemedicine medical service
18 initiated or provided by a physician.

19 (c) The commission shall ensure that
20 reimbursement is provided only for a telemedicine
21 medical service initiated or provided by a physician.

22 (d) The commission shall require reimbursement
23 for a telemedicine medical service at the same rate as
24 Medicaid reimburses for the same in-person medical
25 service. . . .

26 Revised Law

27 Sec. 548.0103. PHYSICIAN'S CHOICE OF PLATFORM. The
28 commission may not limit a physician's choice of platform for
29 providing a telemedicine medical service or telehealth service by
30 requiring that the physician use a particular platform to receive
31 Medicaid reimbursement for the service. (Gov. Code, Sec.
32 531.0217(d) (part).)

33 Source Law

34 (d) [The commission shall require reimbursement
35 for a telemedicine medical service at the same rate as
36 Medicaid reimburses for the same in-person medical
37 service.] . . . The commission may not limit a
38 physician's choice of platform for providing a
39 telemedicine medical service or telehealth service by
40 requiring that the physician use a particular platform
41 to receive reimbursement for the service.

1 Revised Law

2 Sec. 548.0104. CERTAIN TELEMEDICINE MEDICAL SERVICE
3 REIMBURSEMENT DENIALS PROHIBITED. A request for Medicaid
4 reimbursement for a telemedicine medical service may not be denied
5 solely because an in-person medical service between a physician and
6 a patient did not occur. (Gov. Code, Sec. 531.0217(d) (part).)

7 Source Law

8 (d) [The commission shall require reimbursement
9 for a telemedicine medical service at the same rate as
10 Medicaid reimburses for the same in-person medical
11 service.] A request for reimbursement may not be
12 denied solely because an in-person medical service
13 between a physician and a patient did not occur. . . .

14 Revised Law

15 Sec. 548.0105. PROTOCOLS AND GUIDELINES. A health care
16 facility that receives reimbursement under this subchapter for a
17 telemedicine medical service provided by a physician who practices
18 in that facility or a health professional who participates in a
19 telemedicine medical service under this subchapter shall establish
20 quality of care protocols and patient confidentiality guidelines to
21 ensure that the telemedicine medical service meets legal
22 requirements and acceptable patient care standards. (Gov. Code,
23 Sec. 531.0217(e).)

24 Source Law

25 (e) A health care facility that receives
26 reimbursement under this section for a telemedicine
27 medical service provided by a physician who practices
28 in that facility or a health professional who
29 participates in a telemedicine medical service under
30 this section shall establish quality of care protocols
31 and patient confidentiality guidelines to ensure that
32 the telemedicine medical service meets legal
33 requirements and acceptable patient care standards.

34 Revised Law

35 Sec. 548.0106. PROVIDER COORDINATION. If a patient
36 receiving a telemedicine medical service has a primary care
37 physician or provider and the patient or, if appropriate, the
38 patient's parent or legal guardian consents to the notification,
39 the commission shall require that the primary care physician or
40 provider be notified of the telemedicine medical service for the

1 purpose of sharing medical information. (Gov. Code, Sec.
2 531.0217(g) (part).)

3 Source Law

4 (g) If a patient receiving a telemedicine
5 medical service has a primary care physician or
6 provider and consents or, if appropriate, the
7 patient's parent or legal guardian consents to the
8 notification, the commission shall require that the
9 primary care physician or provider be notified of the
10 telemedicine medical service for the purpose of
11 sharing medical information. . . .

12 Revised Law

13 Sec. 548.0107. COMPLIANCE. The commission in consultation
14 with the Texas Medical Board shall monitor and regulate the use of
15 telemedicine medical services to ensure compliance with this
16 subchapter. In addition to any other method of enforcement, the
17 commission may use a corrective action plan to ensure compliance
18 with this subchapter. (Gov. Code, Sec. 531.0217(h).)

19 Source Law

20 (h) The commission in consultation with the
21 Texas Medical Board shall monitor and regulate the use
22 of telemedicine medical services to ensure compliance
23 with this section. In addition to any other method of
24 enforcement, the commission may use a corrective
25 action plan to ensure compliance with this section.

26 Revised Law

27 Sec. 548.0108. TEXAS MEDICAL BOARD RULES. The Texas
28 Medical Board, in consultation with the commission, as appropriate,
29 may adopt rules as necessary to:

30 (1) ensure that appropriate care, including quality of
31 care, is provided to patients who receive telemedicine medical
32 services; and

33 (2) prevent abuse and fraud through the use of
34 telemedicine medical services, including rules relating to filing
35 claims and records required to be maintained in connection with
36 telemedicine. (Gov. Code, Sec. 531.0217(i).)

37 Source Law

38 (i) The Texas Medical Board, in consultation
39 with the commission, as appropriate, may adopt rules
40 as necessary to:

41 (1) ensure that appropriate care,
42 including quality of care, is provided to patients who

1 receive telemedicine medical services; and
2 (2) prevent abuse and fraud through the
3 use of telemedicine medical services, including rules
4 relating to filing of claims and records required to be
5 maintained in connection with telemedicine.

6 Revised Law

7 Sec. 548.0109. EFFECT ON OTHER REQUIREMENTS. This
8 subchapter does not affect any requirement relating to:

9 (1) a rural health clinic; or

10 (2) physician delegation to an advanced practice nurse
11 or physician assistant of the authority to carry out or sign
12 prescription drug orders. (Gov. Code, Sec. 531.0217(k).)

13 Source Law

14 (k) This section does not affect any requirement
15 relating to:

16 (1) a rural health clinic; or

17 (2) physician delegation of the authority
18 to carry out or sign prescription drug orders to an
19 advanced practice nurse or physician assistant.

20 SUBCHAPTER D. PROVISION OF AND REIMBURSEMENT FOR TELEDENTISTRY

21 DENTAL SERVICES IN GENERAL

22 Revised Law

23 Sec. 548.0151. MEDICAID REIMBURSEMENT REQUIREMENTS. (a)

24 The executive commissioner by rule shall require each health and
25 human services agency that administers a part of Medicaid to
26 provide Medicaid reimbursement for teledentistry dental services
27 provided by a dentist licensed to practice dentistry in this state.

28 (b) The commission shall require reimbursement for a
29 teledentistry dental service at the same rate as the Medicaid
30 program reimburses for the same in-person dental service. (Gov.
31 Code, Secs. 531.02172(a), (b) (part).)

32 Source Law

33 Sec. 531.02172. REIMBURSEMENT FOR
34 TELEDENTISTRY DENTAL SERVICES. (a) The commission by
35 rule shall require each health and human services
36 agency that administers a part of the Medicaid program
37 to provide Medicaid reimbursement for teledentistry
38 dental services provided by a dentist licensed to
39 practice dentistry in this state.

40 (b) The commission shall require reimbursement
41 for a teledentistry dental service at the same rate as
42 the Medicaid program reimburses for the same in-person
43 dental service. . . .

1 Revisor's Note

2 Section 531.02172(a), Government Code, states
3 that the "commission" by rule shall require certain
4 health and human services agencies to provide Medicaid
5 reimbursement for teledentistry dental services. The
6 revised law substitutes "executive commissioner" for
7 the quoted language for clarity and consistency in the
8 terminology used within Subtitle I, Title 4,
9 Government Code, which includes this chapter, and
10 because under Section 531.033, Government Code,
11 revised as Section _____, the executive commissioner
12 of the Health and Human Services Commission adopts
13 rules for the commission.

14 Revised Law

15 Sec. 548.0152. DENTIST'S CHOICE OF PLATFORM. The
16 commission may not limit a dentist's choice of platform for
17 providing a teledentistry dental service by requiring that the
18 dentist use a particular platform to receive reimbursement for the
19 service. (Gov. Code, Sec. 531.02172(b) (part).)

20 Source Law

21 (b) [The commission shall require reimbursement
22 for a teledentistry dental service at the same rate as
23 the Medicaid program reimburses for the same in-person
24 dental service.] . . . The commission may not limit a
25 dentist's choice of platform for providing a
26 teledentistry dental service by requiring that the
27 dentist use a particular platform to receive
28 reimbursement for the service.

29 Revised Law

30 Sec. 548.0153. CERTAIN TELEDENTISTRY DENTAL SERVICES
31 REIMBURSEMENT DENIALS PROHIBITED. A request for reimbursement may
32 not be denied solely because an in-person dental service between a
33 dentist and a patient did not occur. (Gov. Code, Sec. 531.02172(b)
34 (part).)

35 Source Law

36 (b) [The commission shall require reimbursement
37 for a teledentistry dental service at the same rate as
38 the Medicaid program reimburses for the same in-person
39 dental service.] A request for reimbursement may not

1 be denied solely because an in-person dental service
2 between a dentist and a patient did not occur. . . .

3 Revised Law

4 Sec. 548.0154. STATE BOARD OF DENTAL EXAMINERS RULES. The
5 State Board of Dental Examiners, in consultation with the
6 commission and the commission's office of inspector general, as
7 appropriate, may adopt rules as necessary to:

8 (1) ensure that appropriate care, including quality of
9 care, is provided to patients who receive teledentistry dental
10 services; and

11 (2) prevent abuse and fraud through the use of
12 teledentistry dental services, including rules relating to filing
13 claims and the records required to be maintained in connection with
14 teledentistry dental services. (Gov. Code, Sec. 531.02172(c).)

15 Source Law

16 (c) The State Board of Dental Examiners, in
17 consultation with the commission and the commission's
18 office of inspector general, as appropriate, may adopt
19 rules as necessary to:

20 (1) ensure that appropriate care,
21 including quality of care, is provided to patients who
22 receive teledentistry dental services; and

23 (2) prevent abuse and fraud through the
24 use of teledentistry dental services, including rules
25 relating to filing claims and the records required to
26 be maintained in connection with teledentistry dental
27 services.

28 SUBCHAPTER E. REIMBURSEMENT FOR TELEMEDICINE MEDICAL,
29 TELEDENTISTRY DENTAL, AND TELEHEALTH SERVICES PROVIDED TO CERTAIN
30 CHILDREN

31 Revised Law

32 Sec. 548.0201. REIMBURSEMENT FOR TELEMEDICINE MEDICAL,
33 TELEDENTISTRY DENTAL, AND TELEHEALTH SERVICES PROVIDED TO CHILDREN
34 WITH SPECIAL HEALTH CARE NEEDS. (a) In this section, "child with
35 special health care needs" has the meaning assigned by Section
36 35.0022, Health and Safety Code.

37 (b) The executive commissioner by rule shall establish
38 policies that permit reimbursement under Medicaid and the child
39 health plan program for services provided through telemedicine
40 medical services, teledentistry dental services, and telehealth

1 services to children with special health care needs.

2 (c) The policies required under this section must:

3 (1) be designed to:

4 (A) prevent unnecessary travel and encourage
5 efficient use of telemedicine medical services, teledentistry
6 dental services, and telehealth services for children with special
7 health care needs in all suitable circumstances; and

8 (B) ensure in a cost-effective manner the
9 availability to a child with special health care needs of services
10 appropriately performed using telemedicine medical services,
11 teledentistry dental services, and telehealth services that are
12 comparable to the same types of services available to that child
13 without using telemedicine medical services, teledentistry dental
14 services, and telehealth services; and

15 (2) provide for reimbursement of multiple providers of
16 different services who participate in a single session of
17 telemedicine medical services, teledentistry dental services,
18 telehealth services, or any combination of those services for a
19 child with special health care needs, if the commission determines
20 that reimbursing each provider for the session is cost-effective in
21 comparison to the costs that would be involved in obtaining the
22 services from providers without using telemedicine medical
23 services, teledentistry dental services, and telehealth services,
24 including the costs of transportation and lodging and other direct
25 costs. (Gov. Code, Sec. 531.02162.)

26 Source Law

27 Sec. 531.02162. MEDICAID SERVICES PROVIDED
28 THROUGH TELEMEDICINE MEDICAL SERVICES, TELEDENTISTRY
29 DENTAL SERVICES, AND TELEHEALTH SERVICES TO CHILDREN
30 WITH SPECIAL HEALTH CARE NEEDS. (a) In this section,
31 "child with special health care needs" has the meaning
32 assigned by Section 35.0022, Health and Safety Code.

33 (b) The executive commissioner by rule shall
34 establish policies that permit reimbursement under
35 Medicaid and the child health plan program for
36 services provided through telemedicine medical
37 services, teledentistry dental services, and
38 telehealth services to children with special health
39 care needs.

40 (c) The policies required under this section
41 must:

1 (1) be designed to:
2 (A) prevent unnecessary travel and
3 encourage efficient use of telemedicine medical
4 services, teledentistry dental services, and
5 telehealth services for children with special health
6 care needs in all suitable circumstances; and
7 (B) ensure in a cost-effective manner
8 the availability to a child with special health care
9 needs of services appropriately performed using
10 telemedicine medical services, teledentistry dental
11 services, and telehealth services that are comparable
12 to the same types of services available to that child
13 without the use of telemedicine medical services,
14 teledentistry dental services, and telehealth
15 services; and
16 (2) provide for reimbursement of multiple
17 providers of different services who participate in a
18 single session of telemedicine medical services,
19 teledentistry dental services, telehealth services,
20 or any combination of those services, for a child with
21 special health care needs, if the commission
22 determines that reimbursing each provider for the
23 session is cost-effective in comparison to the costs
24 that would be involved in obtaining the services from
25 providers without the use of telemedicine medical
26 services, teledentistry dental services, and
27 telehealth services, including the costs of
28 transportation and lodging and other direct costs.

29 Revised Law

30 Sec. 548.0202. MEDICAID REIMBURSEMENT FOR TELEMEDICINE
31 MEDICAL SERVICES PROVIDED IN SCHOOL-BASED SETTING. (a) In this
32 section, "physician" means an individual licensed to practice
33 medicine in this state under Subtitle B, Title 3, Occupations Code.

34 (b) The commission shall ensure that Medicaid reimbursement
35 is provided to a physician for a telemedicine medical service
36 provided by the physician, even if the physician is not the
37 patient's primary care physician or provider, if:

- 38 (1) the physician is an authorized Medicaid health
39 care provider;
- 40 (2) the patient is a child who receives the service in
41 a primary or secondary school-based setting; and
- 42 (3) the parent or legal guardian of the patient
43 provides consent before the service is provided.

44 (c) In the case of a telemedicine medical service provided
45 to a child in a school-based setting as described by Subsection (b),
46 the notification under Section 548.0106, if any, must include a
47 summary of the service, including exam findings, prescribed or
48 administered medications, and patient instructions.

1 (d) If a patient receiving a telemedicine medical service in
2 a school-based setting as described by Subsection (b) does not have
3 a primary care physician or provider, the commission shall require
4 that the patient's parent or legal guardian receive:

5 (1) the notification required under Section 548.0106;
6 and

7 (2) a list of primary care physicians or providers
8 from which the patient may select the patient's primary care
9 physician or provider.

10 (e) The commission in consultation with the Texas Medical
11 Board shall monitor and regulate the use of telemedicine medical
12 services to ensure compliance with this section. In addition to any
13 other method of enforcement, the commission may use a corrective
14 action plan to ensure compliance with this section.

15 (f) The Texas Medical Board, in consultation with the
16 commission, as appropriate, may adopt rules as necessary to:

17 (1) ensure that appropriate care, including quality of
18 care, is provided to patients who receive telemedicine medical
19 services; and

20 (2) prevent abuse and fraud through the use of
21 telemedicine medical services, including rules relating to filing
22 of claims and records required to be maintained in connection with
23 telemedicine.

24 (g) This section does not affect any requirement relating
25 to:

26 (1) a rural health clinic; or

27 (2) physician delegation to an advanced practice nurse
28 or physician assistant of the authority to carry out or sign
29 prescription drug orders. (Gov. Code, Secs. 531.0217(a)(2), (c-4),
30 (g) (part), (g-1), (h), (i), (k).)

31 Source Law

32 (a) In this section:

33 (2) "Physician" means a person licensed to
34 practice medicine in this state under Subtitle B,
35 Title 3, Occupations Code.

1 (c-4) The commission shall ensure that Medicaid
2 reimbursement is provided to a physician for a
3 telemedicine medical service provided by the
4 physician, even if the physician is not the patient's
5 primary care physician or provider, if:

6 (1) the physician is an authorized health
7 care provider under Medicaid;

8 (2) the patient is a child who receives the
9 service in a primary or secondary school-based
10 setting; and

11 (3) the parent or legal guardian of the
12 patient provides consent before the service is
13 provided.

14 (g) . . . In the case of a service provided to a
15 child in a school-based setting as described by
16 Subsection (c-4), the notification, if any, must
17 include a summary of the service, including exam
18 findings, prescribed or administered medications, and
19 patient instructions.

20 (g-1) If a patient receiving a telemedicine
21 medical service in a school-based setting as described
22 by Subsection (c-4) does not have a primary care
23 physician or provider, the commission shall require
24 that the patient's parent or legal guardian receive:

25 (1) the notification required under
26 Subsection (g); and

27 (2) a list of primary care physicians or
28 providers from which the patient may select the
29 patient's primary care physician or provider.

30 (h) The commission in consultation with the
31 Texas Medical Board shall monitor and regulate the use
32 of telemedicine medical services to ensure compliance
33 with this section. In addition to any other method of
34 enforcement, the commission may use a corrective
35 action plan to ensure compliance with this section.

36 (i) The Texas Medical Board, in consultation
37 with the commission, as appropriate, may adopt rules
38 as necessary to:

39 (1) ensure that appropriate care,
40 including quality of care, is provided to patients who
41 receive telemedicine medical services; and

42 (2) prevent abuse and fraud through the
43 use of telemedicine medical services, including rules
44 relating to filing of claims and records required to be
45 maintained in connection with telemedicine.

46 (k) This section does not affect any requirement
47 relating to:

48 (1) a rural health clinic; or

49 (2) physician delegation of the authority
50 to carry out or sign prescription drug orders to an
51 advanced practice nurse or physician assistant.

52 Revised Law

53 Sec. 548.0203. MEDICAID REIMBURSEMENT FOR TELEHEALTH
54 SERVICES PROVIDED THROUGH SCHOOL DISTRICT OR CHARTER SCHOOL. (a)

55 In this section, "health professional" means an individual who is:

56 (1) licensed, registered, certified, or otherwise
57 authorized by this state to practice as a social worker,
58 occupational therapist, or speech-language pathologist;

- 1 (2) a licensed professional counselor;
- 2 (3) a licensed marriage and family therapist; or
- 3 (4) a licensed specialist in school psychology.

4 (b) The commission shall ensure that Medicaid reimbursement
5 is provided to a school district or open-enrollment charter school
6 for telehealth services provided through the school district or
7 charter school by a health professional, even if the health
8 professional is not the patient's primary care provider, if:

9 (1) the school district or charter school is an
10 authorized Medicaid health care provider; and

11 (2) the parent or legal guardian of the patient
12 provides consent before the service is provided. (Gov. Code, Sec.
13 531.02171.)

14 Source Law

15 Sec. 531.02171. REIMBURSEMENT FOR CERTAIN
16 TELEHEALTH SERVICES. (a) In this section, "health
17 professional" means an individual who is:

18 (1) licensed, registered, certified, or
19 otherwise authorized by this state to practice as a
20 social worker, occupational therapist, or
21 speech-language pathologist;

22 (2) a licensed professional counselor;
23 (3) a licensed marriage and family
24 therapist; or

25 (4) a licensed specialist in school
26 psychology.

27 (b) The commission shall ensure that Medicaid
28 reimbursement is provided to a school district or
29 open-enrollment charter school for telehealth
30 services provided through the school district or
31 charter school by a health professional, even if the
32 health professional is not the patient's primary care
33 provider, if:

34 (1) the school district or charter school
35 is an authorized health care provider under Medicaid;
36 and

37 (2) the parent or legal guardian of the
38 patient provides consent before the service is
39 provided.

40 SUBCHAPTER F. MEDICAID REIMBURSEMENT FOR HOME TELEMONITORING
41 SERVICES

42 Revised Law

43 Sec. 548.0251. DEFINITIONS. In this subchapter:

44 (1) "Home and community support services agency" means
45 a person licensed under Chapter 142, Health and Safety Code, to
46 provide home health, hospice, or personal assistance services as

1 those terms are defined by Section 142.001, Health and Safety Code.

2 (2) "Hospital" means a hospital licensed under Chapter
3 241, Health and Safety Code. (Gov. Code, Sec. 531.02164(a).)

4 Source Law

5 Sec. 531.02164. MEDICAID SERVICES PROVIDED
6 THROUGH HOME TELEMONITORING SERVICES. (a) In this
7 section:

8 (1) "Home and community support services
9 agency" means a person licensed under Chapter 142,
10 Health and Safety Code, to provide home health,
11 hospice, or personal assistance services as defined by
12 Section 142.001, Health and Safety Code.

13 (2) "Hospital" means a hospital licensed
14 under Chapter 241, Health and Safety Code.

15 Revisor's Note

16 Section 531.02164(a), Government Code, refers to
17 definitions applicable "[i]n this section." The
18 provisions of Section 531.02164 are revised in this
19 chapter as Subchapter F, and the revised law is drafted
20 accordingly.

21 Revised Law

22 Sec. 548.0252. MEDICAID REIMBURSEMENT PROGRAM FOR HOME
23 TELEMONITORING SERVICES AUTHORIZED. If the commission determines
24 that establishing a statewide program that permits Medicaid
25 reimbursement for home telemonitoring services would be
26 cost-effective and feasible, the executive commissioner by rule
27 shall establish the program as provided by this subchapter. (Gov.
28 Code, Sec. 531.02164(b).)

29 Source Law

30 (b) If the commission determines that
31 establishing a statewide program that permits
32 reimbursement under Medicaid for home telemonitoring
33 services would be cost-effective and feasible, the
34 executive commissioner by rule shall establish the
35 program as provided under this section.

36 Revised Law

37 Sec. 548.0253. REIMBURSEMENT PROGRAM REQUIREMENTS. (a) A
38 program established under this subchapter must:

39 (1) provide that home telemonitoring services are
40 available only to an individual who:

41 (A) is diagnosed with one or more of the

1 following conditions:

- 2 (i) pregnancy;
- 3 (ii) diabetes;
- 4 (iii) heart disease;
- 5 (iv) cancer;
- 6 (v) chronic obstructive pulmonary disease;
- 7 (vi) hypertension;
- 8 (vii) congestive heart failure;
- 9 (viii) mental illness or serious emotional
- 10 disturbance;
- 11 (ix) asthma;
- 12 (x) myocardial infarction; or
- 13 (xi) stroke; and

14 (B) exhibits two or more of the following risk
15 factors:

- 16 (i) two or more hospitalizations in the
- 17 prior 12-month period;
- 18 (ii) frequent or recurrent emergency room
- 19 admissions;
- 20 (iii) a documented history of poor
- 21 adherence to ordered medication regimens;
- 22 (iv) a documented history of falls in the
- 23 prior six-month period;
- 24 (v) limited or absent informal support
- 25 systems;
- 26 (vi) living alone or being home alone for
- 27 extended periods; and
- 28 (vii) a documented history of care access
- 29 challenges;

30 (2) ensure that clinical information gathered by a
31 home and community support services agency or hospital while
32 providing home telemonitoring services is shared with the patient's
33 physician; and

34 (3) ensure that the program does not duplicate disease

1 management program services provided under Section 32.057, Human
2 Resources Code.

3 (b) Notwithstanding Subsection (a)(1), a program
4 established under this subchapter must also provide that home
5 telemonitoring services are available to pediatric individuals
6 who:

- 7 (1) are diagnosed with end-stage solid organ disease;
- 8 (2) have received an organ transplant; or
- 9 (3) require mechanical ventilation. (Gov. Code, Secs.
10 531.02164(c), (c-1).)

11 Source Law

12 (c) The program required under this section
13 must:

14 (1) provide that home telemonitoring
15 services are available only to persons who:

16 (A) are diagnosed with one or more of
17 the following conditions:

- 18 (i) pregnancy;
- 19 (ii) diabetes;
- 20 (iii) heart disease;
- 21 (iv) cancer;
- 22 (v) chronic obstructive
23 pulmonary disease;
- 24 (vi) hypertension;
- 25 (vii) congestive heart failure;
- 26 (viii) mental illness or
27 serious emotional disturbance;
- 28 (ix) asthma;
- 29 (x) myocardial infarction; or
- 30 (xi) stroke; and

31 (B) exhibit two or more of the
32 following risk factors:

- 33 (i) two or more
34 hospitalizations in the prior 12-month period;
- 35 (ii) frequent or recurrent
36 emergency room admissions;
- 37 (iii) a documented history of
38 poor adherence to ordered medication regimens;
- 39 (iv) a documented history of
40 falls in the prior six-month period;
- 41 (v) limited or absent informal
42 support systems;
- 43 (vi) living alone or being home
44 alone for extended periods of time; and
- 45 (vii) a documented history of
46 care access challenges;

47 (2) ensure that clinical information
48 gathered by a home and community support services
49 agency or hospital while providing home telemonitoring
50 services is shared with the patient's physician; and

51 (3) ensure that the program does not
52 duplicate disease management program services
53 provided under Section 32.057, Human Resources Code.

54 (c-1) Notwithstanding Subsection (c)(1), the
55 program required under this section must also provide
56 that home telemonitoring services are available to

1 pediatric persons who:
2 (1) are diagnosed with end-stage solid
3 organ disease;
4 (2) have received an organ transplant; or
5 (3) require mechanical ventilation.

6 Revised Law

7 Sec. 548.0254. DISCONTINUATION OF REIMBURSEMENT PROGRAM
8 UNDER CERTAIN CIRCUMSTANCES. If, after implementation, the
9 commission determines that the program established under this
10 subchapter is not cost-effective, the commission may discontinue
11 the program and stop providing Medicaid reimbursement for home
12 telemonitoring services, notwithstanding Subchapter B or any other
13 law. (Gov. Code, Sec. 531.02164(d).)

14 Source Law

15 (d) If, after implementation, the commission
16 determines that the program established under this
17 section is not cost-effective, the commission may
18 discontinue the program and stop providing
19 reimbursement under Medicaid for home telemonitoring
20 services, notwithstanding Section 531.0216 or any
21 other law.

22 Revised Law

23 Sec. 548.0255. DETERMINATION OF COST SAVINGS FOR MEDICARE
24 PROGRAM. The commission shall determine whether providing home
25 telemonitoring services to individuals who are eligible to receive
26 benefits under both Medicaid and the Medicare program achieves cost
27 savings for the Medicare program. (Gov. Code, Sec. 531.02164(e).)

28 Source Law

29 (e) The commission shall determine whether the
30 provision of home telemonitoring services to persons
31 who are eligible to receive benefits under both
32 Medicaid and the Medicare program achieves cost
33 savings for the Medicare program.

34 Revised Law

35 Sec. 548.0256. REIMBURSEMENT FOR OTHER CONDITIONS AND RISK
36 FACTORS. (a) To comply with state and federal requirements to
37 provide access to medically necessary services under the Medicaid
38 managed care program, a Medicaid managed care organization may
39 reimburse providers for home telemonitoring services provided to
40 individuals who have conditions and exhibit risk factors other than
41 those expressly authorized by this subchapter.

1 (b) In determining whether the Medicaid managed care
2 organization should provide reimbursement for services under this
3 section, the organization shall consider whether reimbursement for
4 the service is cost-effective and providing the service is
5 clinically effective. (Gov. Code, Sec. 531.02164(f).)

6 Source Law

7 (f) To comply with state and federal
8 requirements to provide access to medically necessary
9 services under the Medicaid managed care program, a
10 Medicaid managed care organization may reimburse
11 providers for home telemonitoring services provided to
12 persons who have conditions and exhibit risk factors
13 other than those expressly authorized by this section.
14 In determining whether the managed care organization
15 should provide reimbursement for services under this
16 subsection, the organization shall consider whether
17 reimbursement for the service is cost-effective and
18 providing the service is clinically effective.

19 SUBCHAPTER G. MEDICAID REIMBURSEMENT FOR INTERNET MEDICAL
20 CONSULTATIONS

21 Revised Law

22 Sec. 548.0301. DEFINITION. In this subchapter, "physician"
23 means an individual licensed to practice medicine in this state
24 under Subtitle B, Title 3, Occupations Code. (Gov. Code, Sec.
25 531.02175(a).)

26 Source Law

27 Sec. 531.02175. REIMBURSEMENT FOR ONLINE
28 MEDICAL CONSULTATIONS. (a) In this section,
29 "physician" means a person licensed to practice
30 medicine in this state under Subtitle B, Title 3,
31 Occupations Code.

32 Revisor's Note

33 Section 531.02175(a), Government Code, refers to
34 a definition applicable "[i]n this section." The
35 provisions of Section 531.02175 are revised in this
36 chapter as Subchapter G, and the revised law is drafted
37 accordingly.

38 Revised Law

39 Sec. 548.0302. MEDICAID REIMBURSEMENT FOR INTERNET MEDICAL
40 CONSULTATION AUTHORIZED. (a) The executive commissioner by rule
41 may require the commission and each health and human services

1 agency that administers a part of Medicaid to provide Medicaid
2 reimbursement for a medical consultation that a physician or other
3 health care professional provides using the Internet as a
4 cost-effective alternative to an in-person consultation.

5 (b) The executive commissioner may require the commission
6 or a health and human services agency to provide the reimbursement
7 described by this section only if the Centers for Medicare and
8 Medicaid Services develops an appropriate Current Procedural
9 Terminology code for medical services provided using the Internet.
10 (Gov. Code, Sec. 531.02175(b).)

11 Source Law

12 (b) Subject to the requirements of this
13 subsection, the executive commissioner by rule may
14 require the commission and each health and human
15 services agency that administers a part of Medicaid to
16 provide Medicaid reimbursement for a medical
17 consultation that is provided by a physician or other
18 health care professional using the Internet as a
19 cost-effective alternative to an in-person
20 consultation. The executive commissioner may require
21 the commission or a health and human services agency to
22 provide the reimbursement described by this subsection
23 only if the Centers for Medicare and Medicaid Services
24 develop an appropriate Current Procedural Terminology
25 code for medical services provided using the Internet.

26 Revisor's Note

27 Section 531.02175(b), Government Code, refers to
28 action by the executive commissioner of the Health and
29 Human Services Commission "[s]ubject to the
30 requirements of this subsection." The revised law
31 omits the quoted language as unnecessary because the
32 requirements of the subsection, which is revised as
33 this section, apply by their own terms.

34 Revised Law

35 Sec. 548.0303. PILOT PROGRAM FOR MEDICAID REIMBURSEMENT FOR
36 INTERNET MEDICAL CONSULTATION. (a) The executive commissioner may
37 develop and implement a pilot program in one or more sites the
38 executive commissioner chooses under which Medicaid reimbursements
39 are paid for medical consultations provided by physicians or other
40 health care professionals using the Internet. The pilot program

1 must be designed to test whether an Internet medical consultation
2 is a cost-effective alternative to an in-person consultation under
3 Medicaid.

4 (b) The executive commissioner may modify the pilot program
5 as necessary throughout the program's implementation to maximize
6 the potential cost-effectiveness of Internet medical
7 consultations.

8 (c) If the executive commissioner determines from the pilot
9 program that Internet medical consultations are cost-effective,
10 the executive commissioner may expand the pilot program to
11 additional sites or implement Medicaid reimbursements for Internet
12 medical consultations statewide.

13 (d) The executive commissioner is not required to implement
14 the pilot program authorized under Subsection (a) as a prerequisite
15 to providing Medicaid reimbursement authorized by Section 548.0302
16 on a statewide basis. (Gov. Code, Secs. 531.02175(c), (d).)

17 Source Law

18 (c) The executive commissioner may develop and
19 implement a pilot program in one or more sites chosen
20 by the executive commissioner under which Medicaid
21 reimbursements are paid for medical consultations
22 provided by physicians or other health care
23 professionals using the Internet. The pilot program
24 must be designed to test whether an Internet medical
25 consultation is a cost-effective alternative to an
26 in-person consultation under Medicaid. The executive
27 commissioner may modify the pilot program as necessary
28 throughout its implementation to maximize the
29 potential cost-effectiveness of Internet medical
30 consultations. If the executive commissioner
31 determines from the pilot program that Internet
32 medical consultations are cost-effective, the
33 executive commissioner may expand the pilot program to
34 additional sites or may implement Medicaid
35 reimbursements for Internet medical consultations
36 statewide.

37 (d) The executive commissioner is not required
38 to implement the pilot program authorized under
39 Subsection (c) as a prerequisite to providing Medicaid
40 reimbursement authorized by Subsection (b) on a
41 statewide basis.

42 SUBCHAPTER H. PEDIATRIC TELE-CONNECTIVITY RESOURCE PROGRAM FOR
43 RURAL TEXAS

44 Revised Law

45 Sec. 548.0351. DEFINITIONS. In this subchapter:

1 (1) "Nonurban health care facility" means a hospital
2 licensed under Chapter 241, Health and Safety Code, or other
3 licensed health care facility in this state that is located in a
4 rural area as defined by Section 845.002, Insurance Code.

5 (2) "Pediatric specialist" means a physician who is
6 certified in general pediatrics by the American Board of Pediatrics
7 or American Osteopathic Board of Pediatrics.

8 (3) "Pediatric subspecialist" means a physician who is
9 certified in a pediatric subspecialty by a member board of the
10 American Board of Medical Specialties or American Osteopathic Board
11 of Pediatrics.

12 (4) "Pediatric tele-specialty provider" means a
13 pediatric health care facility in this state that offers continuous
14 access to telemedicine medical services provided by pediatric
15 subspecialists.

16 (5) "Physician" means an individual licensed to
17 practice medicine in this state.

18 (6) "Program" means the pediatric tele-connectivity
19 resource program for rural Texas established under this subchapter.

20 (7) Notwithstanding Section 548.0001, "telemedicine
21 medical service" means a health care service delivered to a
22 patient:

23 (A) by a physician acting within the scope of the
24 physician's license or a health professional acting under the
25 delegation and supervision of a physician and within the scope of
26 the health professional's license;

27 (B) from a physical location that is different
28 from the patient's location; and

29 (C) using telecommunications or information
30 technology. (Gov. Code, Sec. 541.001.)

31 Source Law

32 Sec. 541.001. DEFINITIONS. In this chapter:
33 (1) "Nonurban health care facility" means
34 a hospital licensed under Chapter 241, Health and
35 Safety Code, or other licensed health care facility in
36 this state that is located in a rural area as defined

1 by Section 845.002, Insurance Code.

2 (2) "Pediatric specialist" means a
3 physician who is certified in general pediatrics by
4 the American Board of Pediatrics or American
5 Osteopathic Board of Pediatrics.

6 (3) "Pediatric subspecialist" means a
7 physician who is certified in a pediatric subspecialty
8 by a member board of the American Board of Medical
9 Specialties or American Osteopathic Board of
10 Pediatrics.

11 (4) "Pediatric tele-specialty provider"
12 means a pediatric health care facility in this state
13 that offers continuous access to telemedicine medical
14 services provided by pediatric subspecialists.

15 (5) "Physician" means a person licensed to
16 practice medicine in this state.

17 (6) "Program" means the pediatric
18 tele-connectivity resource program for rural Texas
19 established under this chapter.

20 (7) "Telemedicine medical services" means
21 health care services delivered to a patient:

22 (A) by a physician acting within the
23 scope of the physician's license or a health
24 professional acting under the delegation and
25 supervision of a physician and within the scope of the
26 health professional's license;

27 (B) from a physical location that is
28 different from the patient's location; and

29 (C) using telecommunications or
30 information technology.

31 Revisor's Note

32 Section 541.001, Government Code, refers to
33 definitions applicable "[i]n this chapter," meaning
34 Chapter 541, Government Code. The provisions of
35 Chapter 541 are revised in this chapter as Subchapter
36 H, and the revised law is drafted accordingly.

37 Revised Law

38 Sec. 548.0352. ESTABLISHMENT OF PEDIATRIC
39 TELE-CONNECTIVITY RESOURCE PROGRAM FOR RURAL TEXAS. The
40 commission with any necessary assistance of pediatric
41 tele-specialty providers shall establish a pediatric
42 tele-connectivity resource program for rural Texas to award grants
43 to nonurban health care facilities to connect the facilities with
44 pediatric specialists and pediatric subspecialists who provide
45 telemedicine medical services. (Gov. Code, Sec. 541.002.)

46 Source Law

47 Sec. 541.002. PEDIATRIC TELE-CONNECTIVITY
48 RESOURCE PROGRAM FOR RURAL TEXAS. The commission with
49 any necessary assistance of pediatric tele-specialty
50 providers shall establish a pediatric
51 tele-connectivity resource program for rural Texas to

1 award grants to nonurban health care facilities to
2 connect the facilities with pediatric specialists and
3 pediatric subspecialists who provide telemedicine
4 medical services.

5 Revised Law

6 Sec. 548.0353. USE OF PROGRAM GRANT. A nonurban health
7 care facility awarded a grant under this subchapter may use grant
8 money to:

9 (1) purchase equipment necessary for implementing a
10 telemedicine medical service;

11 (2) modernize the facility's information technology
12 infrastructure and secure information technology support to ensure
13 an uninterrupted two-way video signal that is compliant with the
14 Health Insurance Portability and Accountability Act of 1996 (Pub.
15 L. No. 104-191);

16 (3) pay a service fee to a pediatric tele-specialty
17 provider under an annual contract with the provider; or

18 (4) pay for other activities, services, supplies,
19 facilities, resources, and equipment the commission determines
20 necessary for the facility to use a telemedicine medical service.
21 (Gov. Code, Sec. 541.003.)

22 Source Law

23 Sec. 541.003. USE OF GRANT. A nonurban health
24 care facility awarded a grant under this chapter may
25 use grant money to:

26 (1) purchase equipment necessary for
27 implementing a telemedicine medical service;

28 (2) modernize the facility's information
29 technology infrastructure and secure information
30 technology support to ensure an uninterrupted two-way
31 video signal that is compliant with the Health
32 Insurance Portability and Accountability Act of 1996
33 (Pub. L. No. 104-191);

34 (3) pay a service fee to a pediatric
35 tele-specialty provider under an annual contract with
36 the provider; or

37 (4) pay for other activities, services,
38 supplies, facilities, resources, and equipment the
39 commission determines necessary for the facility to
40 use a telemedicine medical service.

41 Revised Law

42 Sec. 548.0354. SELECTION OF PROGRAM GRANT RECIPIENTS.

43 (a) The commission with any necessary assistance of pediatric
44 tele-specialty providers may select an eligible nonurban health

1 care facility to receive a grant under this subchapter.

2 (b) To be eligible for a grant, a nonurban health care
3 facility must have:

4 (1) a quality assurance program that measures the
5 compliance of the facility's health care providers with the
6 facility's medical protocols;

7 (2) on staff at least one full-time equivalent
8 physician who has training and experience in pediatrics and one
9 individual who is responsible for ongoing nursery and neonatal
10 support and care;

11 (3) a designated neonatal intensive care unit or an
12 emergency department;

13 (4) a commitment to obtaining neonatal or pediatric
14 education from a tertiary facility to expand the facility's depth
15 and breadth of telemedicine medical service capabilities; and

16 (5) the capability of maintaining records and
17 producing reports that measure the effectiveness of the grant the
18 facility would receive. (Gov. Code, Sec. 541.004.)

19 Source Law

20 Sec. 541.004. SELECTION OF GRANT RECIPIENTS.

21 (a) The commission with any necessary assistance of
22 pediatric tele-specialty providers may select an
23 eligible nonurban health care facility to receive a
24 grant under this chapter.

25 (b) To be eligible for a grant under this
26 chapter, a nonurban health care facility must have:

27 (1) a quality assurance program that
28 measures the compliance of the facility's health care
29 providers with the facility's medical protocols;

30 (2) on staff at least one full-time
31 equivalent physician who has training and experience
32 in pediatrics and one person who is responsible for
33 ongoing nursery and neonatal support and care;

34 (3) a designated neonatal intensive care
35 unit or an emergency department;

36 (4) a commitment to obtaining neonatal or
37 pediatric education from a tertiary facility to expand
38 the facility's depth and breadth of telemedicine
39 medical service capabilities; and

40 (5) the capability of maintaining records
41 and producing reports that measure the effectiveness
42 of a grant received by the facility under this chapter.

43 Revised Law

44 Sec. 548.0355. GIFTS, GRANTS, AND DONATIONS. (a) The
45 commission may solicit and accept gifts, grants, and donations from

1 any public or private source for the purposes of this subchapter.

2 (b) A political subdivision that participates in the
3 program may pay part of the costs of the program. (Gov. Code, Sec.
4 541.005.)

5 Source Law

6 Sec. 541.005. GIFTS, GRANTS, AND DONATIONS.

7 (a) The commission may solicit and accept gifts,
8 grants, and donations from any public or private
9 source for the purposes of this chapter.

10 (b) A political subdivision that participates
11 in the program may pay part of the costs of the
12 program.

13 Revised Law

14 Sec. 548.0356. WORK GROUP. (a) The commission may
15 establish a program work group to:

16 (1) assist the commission with developing,
17 implementing, or evaluating the program; and

18 (2) prepare a report on the results and outcomes of the
19 grants awarded under this subchapter.

20 (b) A program work group member is not entitled to
21 compensation for serving on the program work group and may not be
22 reimbursed for travel or other expenses incurred while conducting
23 the business of the program work group.

24 (c) A program work group is not subject to Chapter 2110.
25 (Gov. Code, Sec. 541.006.)

26 Source Law

27 Sec. 541.006. WORK GROUP. (a) The commission
28 may establish a program work group to:

29 (1) assist the commission with developing,
30 implementing, or evaluating the program; and

31 (2) prepare a report on the results and
32 outcomes of the grants awarded under this chapter.

33 (b) A member of a program work group established
34 under this section is not entitled to compensation for
35 serving on the program work group and may not be
36 reimbursed for travel or other expenses incurred while
37 conducting the business of the program work group.

38 (c) A program work group established under this
39 section is not subject to Chapter 2110.

40 Revised Law

41 Sec. 548.0357. BIENNIAL REPORT. Not later than December 1
42 of each even-numbered year, the commission shall submit a report to
43 the governor and members of the legislature regarding the

1 activities of the program and grant recipients under the program,
2 including the results and outcomes of grants awarded under this
3 subchapter. (Gov. Code, Sec. 541.007.)

4 Source Law

5 Sec. 541.007. REPORT TO GOVERNOR AND
6 LEGISLATURE. Not later than December 1 of each
7 even-numbered year, the commission shall submit a
8 report to the governor and members of the legislature
9 regarding the activities of the program and grant
10 recipients, including the results and outcomes of
11 grants awarded under this chapter.

12 Revised Law

13 Sec. 548.0358. RULES. The executive commissioner may
14 adopt rules necessary to implement this subchapter. (Gov. Code,
15 Sec. 541.008.)

16 Source Law

17 Sec. 541.008. RULES. The executive
18 commissioner may adopt rules necessary to implement
19 this chapter.

20 Revised Law

21 Sec. 548.0359. APPROPRIATION REQUIRED. The commission may
22 not spend state money to accomplish the purposes of this subchapter
23 and is not required to award a grant under this subchapter unless
24 money is appropriated for the purposes of this subchapter. (Gov.
25 Code, Sec. 541.009.)

26 Source Law

27 Sec. 541.009. SPECIFIC APPROPRIATION REQUIRED.
28 The commission may not spend state funds to accomplish
29 the purposes of this chapter and is not required to
30 award a grant under this chapter unless money is
31 appropriated for the purposes of this chapter.

32 Revisor's Note

33 Section 541.009, Government Code, prohibits the
34 expenditure of state "funds" unless certain conditions
35 are met. The revised law substitutes "money" for
36 "funds" because, in context, the meaning is the same
37 and "money" is the more commonly used term.

1 SUBCHAPTER I. TELEHEALTH TREATMENT PROGRAM FOR SUBSTANCE USE
2 DISORDERS

3 Revised Law

4 Sec. 548.0401. TELEHEALTH TREATMENT PROGRAM FOR SUBSTANCE
5 USE DISORDERS. The executive commissioner by rule shall establish
6 a program to increase opportunities and expand access to telehealth
7 treatment for substance use disorders in this state. (Gov. Code,
8 Sec. 531.02253.)

9 Source Law

10 Sec. 531.02253. TELEHEALTH TREATMENT FOR
11 SUBSTANCE USE DISORDERS. The executive commissioner
12 by rule shall establish a program to increase
13 opportunities and expand access to telehealth
14 treatment for substance use disorders in this state.